If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

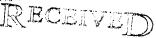


Request for Suspension

Request for Reinstatement



Other:



	Mail or fax a c
File the original with:	
Public Service Commission of South Carolina	S.C. Office of Regulato
Docketing Department	Transportation Depa 1401 Main Street, Su
Motor Carrier Matters	Columbia, S.C.
P.O. Box 11649	0 578 (803) 7 3
Columbia, S.C. 29211 (803) 896 - 5100	FAX (803) 73
FAX (803) 896-5199	750 4816
	737-0815
10,27-29	
DATE: 10.27-09	
Please consider this an application for Reinstateme	nt of my:
Taxi Certificate Number 699 1341	RECEIVED
Taxi Certificate Number 1979	OCT 3 0 2009
Charter Certificate Number	oc 1 3 0 - 500d
Charter Sertinoges Names:	T.T. OFR
Charter Bus Certificate Number	I, I, W, W, W
Non-Emergency Certificate Number	
A Harris Nadam	hagause (A.
My certificate was revoked/cancelled on	because
fo report	
(DATE)	
,	
,	
	
	and a some beach
I am seeking reinstatement because want	4 - 7/1 1
not fele. The can has been i	The Shape
Couldn't appet too sessee it but a	roll now if you could
Chase Allustitud me.	
Great recognition in	01 6000
Sherve EDS	BA Sherye Eff 5
	,
(Name of Company)	(if
applicable)	
1	
2012 Henmore Way	
2012 Glenmore Way Horence 5.C 293	50 5
(Street Address)	(Mailing Address If different
from Street Address)	

10/30/2009 11:20

8436699258

SUNSHINE SHOES

PAGE 05/05

(Telephone Number)

(Title)

:

STATE OF SOUTH CAROLINA PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA AND OFFICE OF REGULATORY STAFF TRANSPORTATION CARRIERS ANNUAL REFORT (For Class C - Taxi, Charter, & Non-Emergency)

(For Class C - Taxi, Charter, & Non-Amergency)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

7,	
CARRIER NAME Sherye EPPS	-
STREET ADDRESS 2012 Gleanare lesy	
CITY, STATE, ZIP CODE Thrence S. C 29505	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	 .
TELEPHONE NUMBER (AREA CODE) 843-206 386 U	~~ <u>~</u>
FEDERAL IDENTIFICATION NUMBER	RECEIVE
	OCT 3 0 2009
Operating Revenues:	
	T,T,Q,T,\$\(\int\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1. Total Revenues \$	•
Operating Expenses:	
2. Salaries and Wages S(Money paid to employees)	
3. Rent S(vehicles, office)	
4. Other \$	
5. Total Expenses \$	
6. Net Operating Income (Loss)\$_ e #1 minus line #5)	
7. Insurance Co. Name/Policy No. PTA, 0477270 Canal No. of Vehicles Insured:	Insurence
8. Decal Fees Paid YES (YNo () No. of Vehicles 38 (through June of Current Year)	

<u>Affidavit</u>

state of	South	Carolina	<u></u>	
County of	Generated	Stale		
	Shi	re E	pp	of the
_ -				Company
upervision,	y that the foregoing that I have examined are correctly	ined it, and tha	ort was prepared t the items herein Signature	by me or under my reported on the basis
10	-28-09		Date	
			•	